



Please type a plus sign (+) inside this box → **[+]**

## TRANSMITTAL FORM

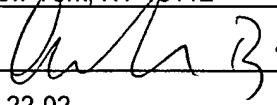
(to be used for all correspondence after initial filing)

|  |  |                        |                    |
|--|--|------------------------|--------------------|
|  |  | Application Number     | 10/010,995         |
|  |  | Filing Date            | October 19, 2001   |
|  |  | First Named Inventor   | Kravitz            |
|  |  | Group Art Unit         | Not Available      |
|  |  | Examiner Name          | Not Available      |
| Total Number of Pages in This Submission |  | Attorney Docket Number | A33940-067668.0136 |

### ENCLOSURES (check all that apply)

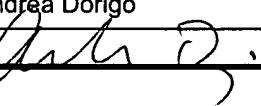
|  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers<br>(for an Application)                      | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                          |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |   |
| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| Remarks <input type="checkbox"/>   |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |  |  |
|-------------------------|---|--|--|
| Firm or Individual name | BakerBotts LLP<br>30 Rockefeller Plaza<br>New York, NY 10112  |  |  |
| Signature               | <br>Att Name: Andrea Dorigo<br>PTO Reg: 47,532 |  |  |
| Date                    | 1-22-02   |  |  |

### CERTIFICATE OF MAILING

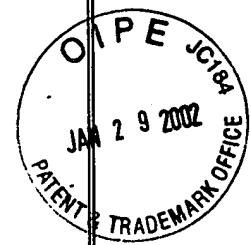
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **1-22-02**

|                       |   |      |         |
|-----------------------|---|------|---------|
| Typed or printed name | Andrea Dorigo   |      |         |
| Signature             |  | Date | 1-22-02 |

**BAKER BOTTS LLP**

Attorney Docket Number: A33940

Title: CRYPTOGRAPHIC DATA SECURITY SYSTEM AND METHOD



Use Space Below for Additional Information:

BAKER BOTTS LLP



## FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 0)

Complete if Known

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/010,995         |
| Filing Date          | October 19, 2001   |
| First Named Inventor | Kravitz            |
| Examiner Name        | Not Available      |
| Group Art Unit       | Not Available      |
| Attorney Docket No.  | A33940-067668.0136 |

### METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-4377**  
Deposit Account Name **Baker Botts LLP**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

| Large Entity | Small Entity | Fee (\$)               | Fee (\$) | Fee Description | Fee Paid |
|--------------|--------------|------------------------|----------|-----------------|----------|
| 740          | 370          | Utility filing fee     |          |                 |          |
| 330          | 165          | Design filing fee      |          |                 |          |
| 510          | 255          | Plant filing fee       |          |                 |          |
| 740          | 370          | Reissue filing fee     |          |                 |          |
| 160          | 80           | Provisional filing fee |          |                 |          |

**SUBTOTAL (1) (\$ 0)**

#### 2. EXTRA CLAIM FEES

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
|                    | 20 .. = 0    | x              | 0        |
| Independent Claims | 3 .. = 0     | x              | 0        |
| Multiple Dependent |              |                |          |

| Large Entity | Small Entity | Fee (\$)   | Fee (\$) | Fee Description |
|--------------|--------------|--|----------|-----------------|
| 18           | 9            | Claims in excess of 20                                     |          |                 |
| 84           | 42           | Independent claims in excess of 3                          |          |                 |
| 280          | 140          | Multiple dependent claim, if not paid                      |          |                 |
| 84           | 42           | ** Reissue independent claims over original patent         |          |                 |
| 18           | 9            | ** Reissue claims in excess of 20 and over original patent |          |                 |

**SUBTOTAL (2) (\$ 0)**

\*or number previously paid, if greater; For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee (\$)   | Fee (\$) | Fee Description | Fee Paid |
|--------------|--------------|--|----------|-----------------|----------|
| 130          | 65           | Surcharge - late filing fee or oath  |          |                 |          |
| 50           | 25           | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |
| 130          | 130          | Non-English specification  |          |                 |          |
| 2,520        | 2,520        | For filing a request for ex parte reexamination                            |          |                 |          |
| 920*         | 920*         | Requesting publication of SIR prior to Examiner action                     |          |                 |          |
| 1,840*       | 1,840*       | Requesting publication of SIR after Examiner action                        |          |                 |          |
| 110          | 55           | Extension for reply within first month                                     |          |                 |          |
| 400          | 200          | Extension for reply within second month                                    |          |                 |          |
| 920          | 460          | Extension for reply within third month                                     |          |                 |          |
| 1,440        | 720          | Extension for reply within fourth month                                    |          |                 |          |
| 1,960        | 980          | Extension for reply within fifth month                                     |          |                 |          |
| 320          | 160          | Notice of Appeal   |          |                 |          |
| 320          | 160          | Filing a brief in support of an appeal                                     |          |                 |          |
| 280          | 140          | Request for oral hearing   |          |                 |          |
| 1,510        | 1,510        | Petition to institute a public use proceeding                              |          |                 |          |
| 110          | 55           | Petition to revive - unavoidable   |          |                 |          |
| 1,280        | 640          | Petition to revive - unintentional   |          |                 |          |
| 1,280        | 640          | Utility issue fee (or reissue)   |          |                 |          |
| 460          | 230          | Design issue fee   |          |                 |          |
| 620          | 310          | Plant issue fee  |          |                 |          |
| 130          | 130          | Petitions to the Commissioner  |          |                 |          |
| 50           | 50           | Processing fee under 37 CFR 1.17(q)  |          |                 |          |
| 180          | 180          | Submission of Information Disclosure Stmt                                  |          |                 |          |
| 40           | 40           | Recording each patent assignment per property (times number of properties) |          |                 |          |
| 740          | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |
| 740          | 370          | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |
| 740          | 370          | Request for Continued Examination (RCE)                                    |          |                 |          |
| 900          | 900          | Request for expedited examination of a design application                  |          |                 |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 0)**

### SUBMITTED BY

Complete if applicable

|                   |               |                                   |        |           |              |
|-------------------|---------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Andrea Dorigo | Registration No. (Attorney/Agent) | 47,532 | Telephone | 212-408-2523 |
| Signature         |               |                                   |        | Date      | 1-22-02      |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.